

IDAHO STATE BOARD OF ACCOUNTANCY PO Box 83720 Boise ID 83720-0002

Phone (208) 334-2490 Fax (208) 334-2615

È-Mail: <u>isba@isba.idaho.gov</u> Web Site: <u>www.isba.idaho.gov</u>

APPLICATION FOR REINSTATEMENT or RE-ENTRY

Lapsed or Suspended licenses may be Reinstated. Inactive or Retired licensees may request Re-Entry. Complete this application, attach documentation of 80 hours of CPE (4 of which must be ethics with at least 2 Idaho specific ethics), and pay the non-refundable Reinstatement or Re-Entry fee. Please contact our office for fee amount.

For Office Use Only					
Batch					
Sequence	-				
Date	•				
Check#	_				
Amount \$					

License #	First Name		Middle Name			Last Na	ame		Suffix
DOB	Home Phone	Work	k Phone ss		Cell P	Phone		ax ate Address	
In Care of:									
Street1:									
Street 2:									
City, State, Zip:	-								
∃-mail Address:									
While your lice	ense was Lapsed, Su	spended, Inactive	or Retired, did yo	u:					
YES NO Pi	ign Financial Reports ractice Public Accour se stationery or busir	nting in any other n		YES YES				aCPA/LPA? in any mannei	?
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Idaho State Board of Accountancy Re-Instatement or Re-Entry CPE Reporting

License # List courses completed to fulfill 80 CPE hours

4 of the 80 hours must be in ethics, 2 must be Idaho specific ethics.

	If Course has no Ethics component, then Hours = Total Course hours					TOTAL
	DATES	DELIVERY METHOD	TITLE OF PROGRAM & SPONSOR	HOURS	ETHICS*	HOURS
Example	1/26-27/2017	Group	Tax Preparation - Idaho Tax Preparers Ass'n	6	2	8
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
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12.						
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16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.			IDAHO STATE SPECIFIC ETHICS **			
	(If additional lin	nes are needed, o	contact the Board office for instructions).			

^{* 4} Hours of Ethics CPE are required for Re-Entry or Reinstatement and are also required every 2 years. **

Delivery Methods: Group, Independent Study, Blended, Self-Study, Nano, Instructor/Developer or

University or College Course.

Idaho State-Specific Ethics required for all new, reciprocal, reinstatement, re-entry licensees as of 7/1/2008.



IDAHO STATE POLICE BUREAU OF CRIMINAL IDENTIFICATION



Rev. 01/2018

NAME BASED CRIMINAL BACKGROUND CHECK FORM

of the Idaho Central Repository of Criminal History Records

A\$20 processing fee must beincluded. Each field markedwith an asterisk (*) must be completed. A separate form must be used for each request. Do not use staples on the forms. Make checks or money orders payable to the Idaho State Police. **A personal check will only be accepted if issued by the requestor or requesting agency**. A\$20.00 fee will be charged for any returned checks.

Please print clearly in blue or black ink only. Illegible forms will be returned for clarification.

	REQUEST				
DI		بينماه طالم مسمسا ميناماني			
	rovide an Idaho Criminal History on the indi				
*Last Name	*First Name	ame *Middle Name			
Alias Names (Include Maiden/prior Married Na	imes) Please provide both first and	d last name.			
*Data of Distb (mana/dd/s = =)	Conint Consumity Number	· /ontional)		*C	*D
*Date of Birth (mm/dd/yyyy)	Social Security Number	(optional)		*Sex	*Race
	LAST 4 DIGITS O	NLY			
*Address	*City		*State	*Zip	
	'			F	
	WAIVER				
Idaho law does not require a waiver. However, without a		arrest more than 12 months old	d without a d	icnocition can	inot he
given to a non-criminal justice agency. Any waiver other th		arrest more triair 12 months of	a, without a d	isposition, can	illot be
		D (0: 171		15	
I hereby give permission for the requester, named below,	to receive any information maintained by the Idar	o Bureau of Criminal Identificat	tion concerning	myself.	
*Signature *Date					
This signature on the	e waiver must be within 180 days d	of the name check sub	mission.		
*TO BE COMPLETED BY C	OMBANY OR REDCON REQUEST	THE BACKEROUND	TNEODM	ATTON *	

*TO BE COMPLETED BY COMPANY OR PERSON REQUESTING BACKGROUND INFORMATION *

Requesting Person or Company *	Address of Requester (Results will be mailed to this address)*			
Idaho State Board of Accountancy	PO Box 83720 – Boise ID 83720-0002			
Printed Name of Requester (Print Legibly) * Sandy Bly	Signature of Requester *	Phone Number of Requester * 208-334-2490		

General Information:

Idaho law does not require a person to give consent. However, without a signed release from the subject of record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. **Results of a Name Based Criminal Background check cannot be notarized.**

Criminal history record information furnished as a result of a non-fingerprint based computerized search is based solely on a search of identifiers provided in the request. Be aware it is not uncommon for criminal offenders to use alias names and false dates of birth, which would adversely affect the completeness and accuracy of a non-fingerprint based search of the Idaho Central Repository of Criminal History Records. No other state or federal agency records can be searched under current law. The bureau does not telephone or fax responses. Please allow ample time for processing this request. Requests are processed on a first come basis.

The records maintained by the Idaho Bureau of Criminal Identification (BCI) are based upon the felony and serious misdemeanor arrests reported to BCI from other Idaho criminal justice agencies. If a person disputes the accuracy of information obtained, that person may challenge the information by writing to the address on this form.

Idaho code 67-3008 (6) states, "A person or private agency or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or court without a signed release of the subject of record unless otherwise provided by law.

700 S. STRATFORD DR. STE. 120 • MERIDIAN, ID 83642 (208) 884-7130 • FAX (208) 884-7193